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Growing Up In Scotland Study

Growing Up In Rural Scotland

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GROWING UP IN SCOTLAND STUDY
GROWING UP IN RURAL SCOTLAND

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It should be noted that since this research was commissioned a new Scottish government has been formed, which means that the report reflects commitments and strategic objectives conceived under the previous administration. The policies, strategies, objectives and commitments referred to in this report should not therefore be treated as current Government policy.

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Responsibility for the opinions expressed in this report, and for all interpretation of the data, lies solely with the authors.

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EXECUTIVE SUMMARY

This report uses data from the Growing up in Scotland (GUS) study to explore what is distinctive about growing up in rural, remote and small-town Scotland in comparison with urban Scotland. Findings are based on the first sweep of GUS, which involved interviews with the main carers of 5,217 children aged 0-1 years old and 2,859 children aged 2-3 years old, carried out between April 2005 and March 2006.

Family circumstances of urban and rural babies and toddlers

The overview report on sweep 1 of GUS highlighted many significant differences in the lives and experiences of young children and their families depending on their socio-demographic circumstances. Analysis of the circumstances of families in urban and rural areas highlights that, although there is variety in each kind of area, children in rural areas are somewhat more likely to be born into relatively more advantaged situations. In particular, babies and toddlers in rural areas are:

- *more likely than those in urban areas to be born to older mothers* (in the birth cohort, 11% of mothers in remote rural areas were teenagers when their first child was born compared with 18% of mothers in large urban areas)
- *less likely to live in lone parent households* (just 7% of babies living in accessible and remote rural areas live in lone parent households, compared with 23% in large urban and 24% in other urban areas)
- *more likely to be born to mothers with degree-level qualifications and less likely to be born to mothers with no qualifications (*15% of mothers of toddlers in large urban areas have no qualifications compared with just 4% in remote rural areas)
- *less likely to live in households where neither parent/carer works* (fewer than 10% of rural children live in households with nobody in employment in comparison to nearly a quarter in large urban areas in both cohorts and around a fifth in other urban areas and accessible small towns)
- *less likely to live in low income households* (around a third of children in large or other urban areas live in households with incomes less than £15,000 a year in comparison to around one in five in accessible and remote rural areas)
- *more likely to live in households with access to a car, home internet and a garden.*

Rural children are also:

- *less likely to have been born as a result of an unplanned pregnancy* (16% of babies in remote rural areas compared with 26% in large urban areas), and
- *less likely to be their mothers' first child* (52% of mothers of babies in large urban areas were becoming a parent for the first time, compared with just 43% of mothers in remote rural areas).

Health and wellbeing of rural babies and toddlers

GUS data suggests there are few significant differences in child health and well-being across urban and rural areas across a range of objective (e.g. birth weight) and

subjective (e.g. reported use of NHS services) measures. Rural babies and toddlers are no more likely than their urban counterparts to have a low birthweight, have a long-term health problem or disability (as reported by their main carer), or have contacted the NHS about general problems or because of an accident. There were also few differences in the extent to which parents engage in activities with their child (like drawing, painting, playing games, etc.) which may improve their child's educational development and/or well-being by area.

However, concerns about toddlers' development were somewhat *lower* in remote rural areas – 90% have no concerns, compared with between 78% in small accessible towns and 84% in small remote towns. At the same time, parental reporting of positive health influencing behaviours like breast feeding was somewhat higher in rural areas – for example, 75% of mothers in remote rural areas breastfed their child, compared with 60% in large urban areas. Mothers in rural areas were less likely to smoke than their urban counterparts (17% of mothers of babies in remote rural compared with 28% in large urban areas), while babies (but not toddlers) in rural areas were less likely to watch any television than their urban counterparts. Many of these differences in parental health influencing behaviour by area are attributable to differences in the characteristics of parents between areas – in particular, the fact that mothers in rural areas tend to be older and better educated.

Child friendly areas?

The GUS data so far does not suggest dramatic differences in the child friendliness of urban versus rural environments in terms of the social networks and informal support available to young children and their families. While fewer children in rural areas have a grandparent living nearby (74% of babies in remote rural areas, compared with 84% of babies in large urban areas), a majority of parents across all areas say their child has a close relationship with at least one grandparent (albeit slightly lower in remote rural areas). In terms of other support, mothers in rural areas were somewhat more likely than mothers in urban areas to say they would turn to friends and neighbours if they needed help with childcare at short notice (13% in accessible and 18% in remote rural areas, compared with 9% in large urban areas). However, there was little difference in how easy or difficult mothers in different areas said they would find it to arrange such help. Moreover, there is some evidence that children in rural areas may have more 'child rich' social lives, with 70% of toddlers in remote rural areas compared with just 60% of children in large urban areas taken to visit friends with other young children at least weekly and mothers in remote rural areas almost twice as likely to regularly take their toddlers to mother and toddler groups as their counterparts in large urban areas (67% compared with 36%).

Service use

Many of the differences in service use by family type, household income and maternal age noted in the overview report on GUS sweep 1 (Anderson, Bradshaw et al, 2007) persist within urban and rural areas. However, we did find some potentially important differences in service use between areas. First, although there was no consistent variation in the proportion of first-time mothers attending ante-natal classes between urban and rural areas, mothers in remote small towns stand out as particularly unlikely to have attended such classes. Further, when asked about reasons for non-attendance,

access problems – including lack of knowledge/awareness of classes, no classes available, or travel problems – stood out as a particular problem for mothers in rural areas (32% in remote and accessible rural areas (combined) mentioned at least one of these reasons, compared with just 18% in large urban areas).

In terms of other sources of advice during pregnancy, mothers in remote rural areas were the most likely to use books, magazines or newspapers and to use the Ready, Steady, Baby booklet. Urban/rural differences were more marked among mothers who already had children than among first-time mothers, which may suggest that rural mothers are more likely than their urban counterparts to continue consulting such print-based sources after their first child.

In respect of childcare services, families in remote rural areas and small remote towns are less likely than families in urban areas to make regular use of *any* help looking after their babies (48% in remote rural areas compared with 61% in large urban areas). However, this difference was not apparent for toddlers. Rural mothers were no less likely to be in paid employment, but they were less likely to be lone parents. Thus it is possible this difference is partly explained by the fact that the option of sharing child care between two parents may be more feasible for rural families.

Rural families also used different types of childcare, reflecting established differences in the childcare mix available in different areas. In particular, parents in rural areas and remote small towns were *more* likely than parents in large urban areas to use childminders (16% in remote rural areas, compared with 7% in large urban areas), and *less* likely to use nursery or crèche provision (20% in remote rural areas and just 10% in small remote towns, compared with 35% in large urban areas).

Conclusion

Sweep 1 of GUS provides some evidence that children in rural areas may be more likely to live in favourable socio-economic circumstances than their urban counterparts. This is associated with greater exposure to positive parental behaviours, such as breastfeeding, among rural babies. However, in many other respects the early experiences of children in urban and rural areas in terms of service use, health problems and contact with significant others are not very different. Moreover, other evidence suggests that families in rural areas may be relatively *disadvantaged* in respect of easy access to ante-natal classes and having grandparents living nearby, for example.

As future sweeps of GUS become available, we will be able to track the experiences of children living in different areas of Scotland, exploring in more detail differences in their development and well-being to help tailor services and policies for children living across the whole of Scotland.

CHAPTER ONE INTRODUCTION

1.1 This report uses the first sweep of the Growing up in Scotland (GUS) study to explore what is distinctive about growing up in rural, remote and small-town Scotland in comparison with urban Scotland.

About the Growing Up in Scotland (GUS) study

1.2 The Growing Up in Scotland study (GUS) is an important new longitudinal research project aimed at tracking the lives of a cohort of Scottish children from the early years, through childhood and beyond. Its principal aim is to provide information to support policy-making, but it is also intended to be a broader resource that can be drawn on by academics, voluntary sector organisations and other interested parties.

1.3 GUS is based on a cohort or longitudinal design involving the recruitment of a 'panel' of children (and their families) who will be revisited on a number of occasions over an extended period of time. Members of the panel were identified in the first instance from Child Benefit records. Focusing initially on a cohort of 5,217 children aged 0-1 years old and a cohort of 2,859 children aged 2-3 years old, the first wave of fieldwork began in April 2005 and finished in March 2006.

1.4 For the first year of the study, interviewers sought to contact the 'main carer' of the child named in the Child Benefit records. In virtually all cases (99%), this proved to be the child's natural mother. The first interview collected data on a wide range of topics, including: pregnancy, birth and early parenting, childcare, formal and informal sources of support for parents and children, child health and development, and parental health.

1.5 This report is one of a series of three exploring findings from the first sweep of the survey on topics of particular interest to policy makers, practitioners and others. Other reports in this series examine informal care and support networks used by families with young children, and the characteristics and experiences of families living in advantaged compared with disadvantaged areas of Scotland. In addition, an overview report is available which provides key findings across all the topics included in the first sweep of the GUS study (Anderson, Bradshaw *et al*, 2007).

Policy background

1.6 Although the majority of the Scottish population live in urban settlements or cities, much of the geographical expanse of Scotland is sparsely populated and a substantial minority of children in Scotland are growing up in rural areas. There are a number of policy reasons for being particularly interested in the characteristics and experiences of families in rural and small-town localities. First, there are particular challenges associated with providing services for families in remote and rural areas. Providing services for small numbers of people with particular needs in dispersed populations is necessarily difficult. To do so effectively, it is important to have a good understanding of both the differing characteristics of families in urban and rural

areas, and their differing patterns of service use. The overview report on the first sweep of data for GUS started to examine this in respect of childcare, noting differences in patterns of use, costs and perceptions of the degree of choice available to families in urban and rural areas. In this report, we revisit and expand on some of this analysis, as well as exploring use of ante-natal services and information and advice used during pregnancy by area.

1.7 Second, in terms of targeting policies and services to meet the needs of families across Scotland, there is a clear policy interest in understanding whether children growing up in different areas experience better or worse outcomes in terms of their health, safety and well being. The notion of the 'rural idyll' as an ideal place to bring up healthy, happy children persists in popular discourse. By tracking babies and toddlers over time GUS will allow us to explore whether any evidence for this romanticised notion of rural life actually exists, and will enable us to provide more concrete information on the specific needs of rural families to inform policies for these areas. However, even at this first sweep we can start to explore whether there are any differences in the health and well-being of babies and toddlers in urban and rural areas of Scotland, and in parental behaviours like breastfeeding and smoking which may have an impact on the current and future health of their children.

1.8 Finally, concern sparked by Scotland's low fertility on the one hand and relatively high rates of accidental teenage fertility in some areas on the other, has resulted in renewed public interest in whether there are 'geographies of fertility'. Rural areas have higher fertility rates (births per thousand women) in the ages 25-40 and lower rates of teenage fertility, although the latter is not true for small towns (see Table 1). These differences are not fully understood. While the first sweep of interviews for GUS did not address reasons for differences in fertility directly, it does allow us to begin to explore whether rural and small town areas are experienced in any measurable sense as being more 'child friendly' – that is, the extent to which the social structure and local services are focused around the lives and needs of families with young children. For example, we can compare the informal support networks available to young families in urban and rural areas, including the role of grandparents, the ease with which parents feel able to arrange help with childcare at short-notice, and the extent to which babies and toddlers growing up in different areas have contact with other children (including through mother and toddler groups). Such questions will also cast light on whether children and parents in rural areas are any more or less likely to be socially isolated than their urban counterparts.

Table 1 Number of Live Births per 1000 women 2001 by area urban-rural classification (source: Registrar General)

Maternal age	Area Urban Rural Classification						
	Large Urban Areas	Other Urban Areas	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural	**Scotland**
15-19	30	32	28	30	17	19	**28**
20-24	47	71	71	75	56	72	**58**
25-29	70	92	101	91	105	105	**84**
30-34	79	80	84	76	96	92	**82**
35-39	39	32	33	34	43	40	**37**
40-44	7	5	6	6	7	10	**6**
All 15-44	**46**	**51**	**51**	**50**	**51**	**51**	**49**

Structure of the report

1.9 In the remainder of this introductory section, we describe the definition of urban, rural and remote areas used in this report and note some key issues affecting our analysis. The main body of the report begins by comparing the characteristics of families with babies and toddlers across the urban-rural classification. We then examine measures of the health and well-being of babies and toddlers, including parental behaviours like smoking and breastfeeding which may impact on child health. We explore whether rural or urban children are experiencing more or less 'child friendly' environments by looking at the social worlds of babies, toddlers and parents. The paper ends by looking at service use, focusing particularly on childcare services.

Defining urban and rural areas

1.10 The Scottish Government uses an urban-rural classification which reflects the distinctive geography of Scotland in terms of rural and remote settlements. Under this classification, settlements of 3,000 or less people are defined as 'rural' while those over 10,000 are classified as 'urban', with settlements between 3,000 and 10,000 defined as 'small towns'. Small town and rural settlements are classified as 'remote' if they are more than 30 minutes drive time from settlements of 10,000 or more people.

1.11 At the time of the 2001 Census, 22% of children aged 15 or under lived in rural or remote settlements and a third lived in rural or small-town settlements (Table 2).[1] The proportions of babies and toddlers in the GUS sample who live in rural and remote areas are very close to these Census figures for all children (Table 2 again).

[1] The 2001 Census shows 19% of children in Scotland live in rural areas (6% in remote rural areas, 13% in accessible rural areas) and an additional 14% live in small towns (3% in remote small towns and 11% in accessible small towns).

Table 2 Relative proportions of Scottish children across urban-rural areas: Growing Up in Scotland (GUS) sample and census data

Area urban-rural classification	GUS sample			Children aged 15 and under[1]
	Birth cohort	Child cohort	All	
Large Urban	39	37	38	37
Other Urban	32	32	32	30
Accessible Small Town	9	11	10	11
Remote Small Town	3	3	3	3
Accessible Rural	13	14	13	13
Remote Rural	4	4	4	6
Bases	*5217*	*2858*	*8075*	*972,065*

[1] Source: General Register Office for Scotland (2003) (based on the 2001 Census).

Key issues in analysis of urban-rural differences

1.12 The sample for the GUS survey sample reflects the geographic dispersal of babies and toddlers across Scotland. At over 5,000 babies and just under 3,000 toddlers, it is sufficiently large that we will be able to pick up many significant differences (where they exist) between rural and remote areas. In this report, any differences between urban and rural areas reported in the text are statistically significant unless otherwise stated. However, even with a sample of 8,000 we are limited in the extent to which we can perform more complex analysis of sub-groups. For example, it is not possible to present tables comparing the experiences of lone parents in urban and rural areas due to the small numbers of lone parents in some categories (notably remote rural and small remote towns).

1.13 Another key issue is whether or not differences in the experiences of children and families in urban and rural areas actually reflect 'area-level' characteristics (such as quality of life, service availability, etc.), or whether in fact they are explained by differences in the types of families living in those areas. In the next section of the report, we note that there are in fact significant differences in the circumstances of urban and rural babies and toddlers in terms of the family type, parental education, parental employment and other factors.

1.14 In order to establish whether other differences between urban and rural areas are simply a reflection of these kinds of socio-demographic variations, we use a statistical analysis technique called logistic regression. Logistic regression is used to summarise the relationship between a 'dependent' variable (for example, whether a child was breastfed) and one or more 'independent' explanatory variables (for example, age of mother when the child was born, mother's education, area deprivation, urbanity/rurality, etc.). It is particularly useful when explanatory variables may be related to each other, since it takes the relationships between these into account in determining which are statistically significant. After controlling for these relationships, regression analysis tells us which variables are significantly and independently related to the variable we are interested in.

CHAPTER TWO FAMILY CIRCUMSTANCES OF URBAN AND RURAL BABIES AND TODDLERS

Introduction

2.1 The overview report on the first results from the GUS study demonstrates the impact that variations in socio-demographic circumstances can have on the experiences of young children and their families. Of particular importance were:

- The **age of the mother** at the time the child was born. For example, younger mothers (under 20) were less likely than older mothers to have planned the pregnancy, attended ante-natal classes, breastfed or attended mother and toddler groups, while they were more likely to have higher levels of support from the child's grandparents, and to find it difficult to know who to ask for help with parenting.

- **Family structure**. Lone parents were slightly more likely than those in a couple family to report that their child had a long-term health problem or disability and that the child had been admitted to hospital as an in-patient. They were also more likely to have concerns about their child's development, learning and behaviour and to say they found it very difficult to pay for childcare.

- **Parents' education**. Mothers with higher levels of educational qualifications were more likely than those with no qualifications to breastfeed (at all and at 6 months), to have more children's books in the house and to engage in educational activities (like reading and looking at books) with the child more often.

- **Parents' (particularly mother's) employment**. Use of childcare was higher among families where one parent was working, and especially high when the mother was working.

- **Family income**. Children in families in the lowest income group are slightly more likely to have a long-term illness and less likely to have many children's books in their home, while their parents are more likely to say they find it difficult to pay for childcare and that they had little or no choice over their childcare provider(s).

2.2 In this chapter, we use GUS data to compare the circumstances of children and families in urban and rural areas across a range of socio-demographic factors.

Age of mother

2.3 Consistent with the different trends in fertility across the urban-rural spectrum (observed in Table 1, above), a smaller proportion of rural mothers in the GUS study

had been teenage mothers. For example, in the birth cohort, 11% of mothers in remote rural areas were teenagers when their first child was born compared with 18% of mothers in large urban areas. Moreover, a larger proportion of mothers in rural areas were aged over 30 when their first child was born – 41% in remote rural areas in the toddler cohort, compared with 31% in large urban areas.

Table 3 Age of mother at birth of first child by urban-rural

Age of mother at birth of first child		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Under 20	18	23	19	13	10	11
	20-29	50	54	52	55	50	51
	30 and over	33	24	30	32	40	38
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Under 20	20	19	19	15	13	11
	20-29	50	56	56	57	50	49
	30 and over	31	25	25	27	37	41
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

2.4 Consistent with the fact that a somewhat larger proportion of rural mothers are older, fewer rural children were completely unplanned (16% of babies in remote rural areas compared with 26% in large urban areas).

First child?

2.5 While over half (52%) of mothers of babies in large urban areas were becoming a parent for the first time, the sample child was the first child for just 43% of mothers in remote rural areas (Table 4). This is consistent with the lower fertility rates in large urban areas, and with the notion that a shortage of affordable family housing in cities encourages some families to move to more rural areas as their family expands.

Table 4 Mothers/respondents who were first-time mothers by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	First-time mothers	52	51	50	44	45	43
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	First-time mothers	52	48	48	55	43	43
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Family structure

2.6 In terms of the experience of the child, one of the most significant differences between urban and rural areas is the smaller proportion of rural babies and toddlers living in a one parent household. Just 7% of babies living in accessible and remote rural areas live in lone parent households, compared with 23% in large urban and 24% in other urban areas. For toddlers, the proportion in lone parent families (28%) is also higher in small accessible towns relative to either remote (10%) or accessible rural areas (14% - Table 5), while remote small towns are intermediate between urban and rural areas. As demonstrated in the overview report, being in a lone parent household is often associated with material and other kinds of disadvantage for parents and children.

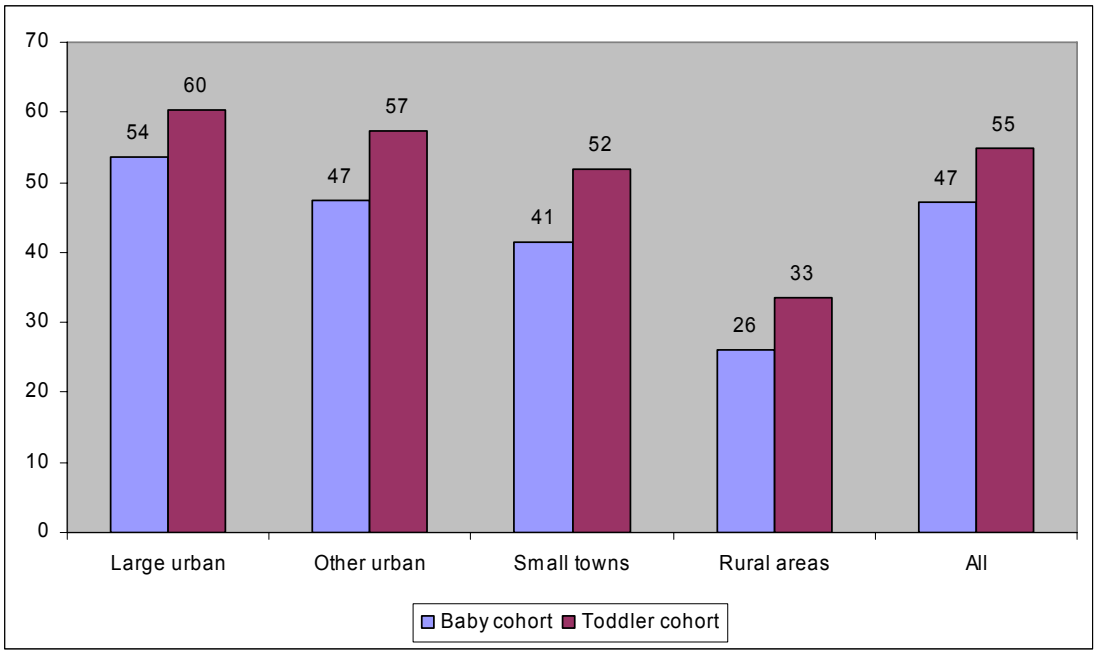
Table 5 Family structure by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Lone parent	23	24	19	16	7	7
	Couple family	77	76	81	84	93	93
	Weighted base	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted base	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Lone parent	28	26	28	21	14	10
	Couple family	72	74	72	79	86	90
	Weighted base	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted base	*991*	*885*	*316*	*90*	*431*	*145*

2.7 The overview report (Anderson, Bradshaw, *et al*, 2007) demonstrated that children of teenage mothers are much more likely than those of older mothers to be in

lone parent families. However, interestingly this appears to be less true of children born to young mothers in rural compared with urban areas. Figure 1 shows that in rural areas (accessible and remote combined), just a quarter of mothers in the birth cohort who had a child when they were under 20 are now lone parents, compared with 54% in large urban areas. The pattern was broadly similar for the toddler cohort, with 60% of teenage mothers in large urban areas now lone parents, compared with 33% in rural areas.[2]

Figure 1 Percentage of (current/past) teenage mothers who are lone parents by urban-rural (% by cohort)



Base = All mothers who had a child when they were 20 or under
Sample size – Birth cohort: Large urban = 374, Other urban = 377, Small towns (remote and accessible combined) = 111, Rural (remote and accessible combined) = 92, All = 955
Sample size – Child cohort: Large urban = 179, Other urban = 155, Small towns = 71, Rural = 62

Parents' education

2.8 Respondents (usually the mother) in rural areas (particularly accessible rural areas) tend to be somewhat better qualified than those in urban areas (Table 6). For example, in our birth cohort 38% of mothers in accessible rural areas had degree-level qualifications, compared with 29% in large urban and just 19% in other urban areas. They are also less likely to have no qualifications at all – 15% of mothers of toddlers in large urban areas have no qualifications compared with just 4% in remote rural areas.

[2] NB however that some caution should be applied in interpreting these figures (particularly for the toddler cohort) given the relatively low numbers of lone parents in rural areas.

Table 6 Respondents/main carers' educational qualifications by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	No qualifications	12	10	9	6	4	4
	Degree	29	19	21	28	38	33
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	No qualifications	15	10	10	4	5	4
	Degree	27	22	20	23	37	34
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Parents' employment

2.9 Babies and toddlers in rural areas were less likely than those in urban areas to be living in households in which no parent or carer was working. Fewer than 10% of rural children live in households with nobody in employment in comparison to nearly a quarter in large urban areas in both cohorts and around a fifth in other urban areas and accessible small towns (Table 7).

Table 7 Children in households with no parent or carer working by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	No parent/carer working	23	21	20	12	8	7
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	No parent/carer working	24	21	21	9	9	9
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

2.10 There was somewhat less variation in the proportion of babies and toddlers with a working mother across the urban-rural classification, with around six in ten mothers in all areas working either full or part-time. However, mothers of babies in rural areas are slightly more likely to be working, but to be doing so part-time than mothers of babies in urban areas (Table 8).

Table 8 Mothers working status by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Working full time	17	14	13	12	17	13
	Working part time	40	44	42	47	49	47
	Not working	44	43	45	41	34	39
	Weighted base	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted base	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Working full time	15	16	12	11	20	14
	Working part time	42	44	49	55	46	48
	Not working	42	40	39	35	34	38
	Weighted base	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted base	*991*	*885*	*316*	*90*	*431*	*145*

Family income and resources

2.11 A higher proportion of children in urban areas compared with those in rural areas live in low income households. Around a third of children in large or other urban areas live in households with incomes less than £15,000 a year in comparison to around one in five in accessible and remote rural areas. Accessible rural areas also have the highest proportion of children in high income families (24% of babies and 27% of toddlers). However, relatively few children in remote rural areas live in families with very high incomes (11% of babies and 12% of toddlers in remote rural areas compared with 20% and 23% of babies and toddlers respectively in large urban areas live in families with incomes of £44,000 or more). (Table 9).

Table 9 Children living in households in different income bands by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	<£15K	34	34	32	24	17	21
	£15K < £26K	21	27	25	31	27	35
	£26K < £44K	24	27	28	27	32	33
	£44K +	20	13	14	19	24	11
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	<£15K	35	31	36	30	19	24
	£15K < £26K	20	23	26	28	23	31
	£26K < £44K	22	29	24	26	30	33
	£44K +	23	17	14	16	27	12
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

2.12 Table 10 shows the proportion of babies and toddlers in urban and rural areas whose families have access to other key resources. Car ownership or access to 'the continuous use of a motor vehicle' varies between urban and rural areas. It is almost universal in remote rural areas (93% for the birth cohort, compared with 74% in large urban areas), perhaps making the small number of children in households without a car particularly disadvantaged in such areas. Rural children are also more likely than urban children to live in households with access to the internet, although such access is not yet universal. Access to a garden is almost universal across areas but the minority of children without gardens is understandably greater in large urban areas. Children having their own room varies more by socio-economic circumstances than by urban-rural differences.

Table 10 Children living in households with particular resources by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Motor vehicle	74	76	80	82	93	93
	Internet at home	54	48	56	65	70	67
	Own room	60	64	65	62	70	65
	Garden	83	89	94	95	98	93
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Motor vehicle	71	77	77	82	92	93
	Internet at home	51	53	57	63	70	72
	Own room	62	70	72	82	70	68
	Garden	85	92	96	99	99	96
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

2.13 In summary then, babies and toddlers in rural areas are:

- more likely than those in urban areas to be born to older mothers
- less likely to have been born as a result of an unplanned pregnancy
- less likely to be their mothers' first child
- less likely to live in lone parent households
- more likely to be born to mothers with degree-level qualifications and less likely to be born to mothers with no qualifications
- less likely to live in households where neither parent/carer works
- less likely to live in low income households
- more likely to live in households with access to a car, home internet and a garden.

2.14 As discussed, many of these factors are associated with different experiences and outcomes for young children. It is possible that any further variations we find between children in urban and rural areas may be explained by these overarching differences in family circumstances. Where appropriate, we use regression analysis to explore whether apparent differences between urban and rural children and families remain once we have controlled for some of these demographic differences between families living in different areas.

CHAPTER THREE HEALTH AND WELL-BEING OF RURAL BABIES AND CHILDS

Introduction

3.1 In terms of planning services to meet the health needs of children and families in Scotland, it is important to understand whether these needs vary between urban and rural areas. The first sweep of GUS included a range of questions about the child's health, including 'objective' indicators (such as birth weight), more subjective measures, such as parental concerns about their child's development, and questions about parental behaviours during pregnancy and the early years (such as breastfeeding and smoking) that may later affect children and babies. In general, there is little significant variation across the urban-rural classification in most of these measures of child health and development. Although indicators associated with parental health-influencing behaviours suggest that the chances of a healthy start are slightly lower in urban areas and slightly higher in rural areas, these differences are primarily explained by the characteristics of mothers in rural areas, who tend to be better educated, older and wealthier than their urban counterparts.

Birth weight

3.2 Low birth (defined as less than 2.5 kilos) is one of the first indicators of general health. While there are no significant differences in the proportion of babies with low birth weights between urban and rural areas generally, the proportion of GUS babies with low birth weights is slightly higher in small remote towns than in rural areas (11%, compared with 4% in remote rural areas, Table 11).

Table 11 Percentage of babies with low birth weights by urban-rural

	Area Urban Rural Classification					
	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
Total Birth cohort	7	7	7	11	5	4
Weighted base	*2048*	*1653*	*493*	*147*	*661*	*215*
Unweighted base	*1973*	*1627*	*501*	*156*	*718*	*242*

Reported health problems or disabilities

3.3 There was no significant variation in the reported level of child health problems or disabilities between areas - babies and toddlers in remote rural areas are just as likely as children in large urban areas to be reported as suffering from long-term ill health or disability expected to last more than a year (15% in remote rural areas, compared with 14% in large urban areas).

Contact with NHS for health problems

3.4 Again, there does not appear to be any clear variation between urban and rural areas in terms of contact with the NHS in general. Children in remote rural Scotland are no more or less likely to have NHS contact than children in large urban areas (82% of babies in both kinds of area have had at least one problem for which they have sought NHS attention). Similarly, young children in remote and rural areas are no more or less likely than children in urban areas to have had accidents for which their parents sought medical attention (Table 12).

3.5 Children in small remote towns, however, clearly emerge as being the *least* likely to have had contact with the NHS about general health problems – for example, just 70% of babies in remote small towns have had at least one health problem which their parents contacted the NHS about, compared with 82% in both large urban and remote rural areas. In contrast, toddlers in small remote towns are *most* likely to have had an accident involving medical attention – 33%, compared with 18% in remote rural and 23% in large urban areas. The reasons for this are unclear – whether it is associated with availability of particular services, differences in need, or some other factor. However, these findings highlight the health services use of children in remote small towns as an area for further investigation in future years of GUS.

Table 12 Percentage who had one or more accidents involving medical attention by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Had more than 1 accident	11	11	7	11	8	7
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Had more than 1 accident	23	26	26	33	22	18
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Parental concerns about child's development

3.6 Just as toddlers are more likely than babies to have accidents, so also parental concerns about children's development and behaviour are more common in relation to toddlers. There is relatively little variation in parental concerns about babies by area, but concerns about toddlers' development are lowest in remote rural areas – 90% have no concerns, compared with between 78% in small accessible towns and 84% in small remote towns (Table 13).

Table 13 Percentage of children for whom no concerns are reported concerning their development or behaviour by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	No concerns reported	91	92	94	91	96	94
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	No concerns reported	80	81	78	84	83	90
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Health-influencing behaviour

3.7 In comparison with our other child-health measures, the health influencing parental behaviours of breast feeding and smoking do vary somewhat across the urban-rural classification. Mothers in remote and rural areas are more likely than those in urban areas to have planned to breastfeed (Table 14) and to have actually breastfed (Table 15), and are less likely to smoke (Table 16). However, regression analysis shows that these differences are due to the higher proportions of rural mothers with high levels of education, older ages at birth, the higher proportion of rural babies who are second children and the lower proportions in low income households. These factors, and not the urban-rural division in itself, largely explain these differences.

Table 14 Percentage of respondents saying they planned to breast feed before the baby was born by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Planned to breastfeed	63	60	61	73	73	74
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Planned to breastfeed	59	58	60	72	73	68
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Table 15 Percentage of respondents saying they ever breastfed by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Ever breastfed	60	55	58	70	71	75
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Ever breastfed	58	53	56	70	73	69
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Table 16 Percentage of respondents/main carers who smoke by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Currently smokes	28	32	29	21	19	17
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Currently smokes	32	33	34	36	24	20
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

3.8 Respondents were also asked about various activities that parents and children do together which are likely to aid children's development. These included questions about how often they do things like painting, drawing and playing various sorts of games. There were no significant differences in the frequency with which rural and urban mothers undertake such activities with their children. We also asked about how many children's books were in the house. Almost all households had at least some books aimed at their child's age group and most households had more than ten of such books. However, children in remote small towns and rural areas were the least likely and those in large urban areas the most likely to have few books at home. But again these differences disappear once the fact that parents in rural areas tend to be educated to a higher level and are less likely to be in the lowest income group is taken into account.

Table 17 Percentage of babies and toddlers with few books (0-10 books) for them at home by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	0-10 books	33	30	29	21	21	21
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	0-10 books	14	9	8	2	3	4
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

3.9 There is some debate about the benefits and disadvantages in terms of child development of very young children watching television. The majority of toddlers from all areas watch TV for at least ten minutes several times a week, with very little difference by area. However, babies in remote towns and rural areas were less likely than their urban counterparts to watch any television – for example, 60% of babies in remote rural areas had not watched any TV in the last week, compared with just 45% in large urban areas (Table 18).

Table 18 Percentage of babies and toddlers who did not watch any TV in the past week by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Did not watch TV in last week	45	46	44	55	53	60
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Did not watch TV in last week	6	4	3	2	4	4
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Conclusion

3.10 Overall, then, there is little evidence that babies and toddlers from rural areas have better health and well-being, or that such differences as exist are influenced by urban rural differences beyond the characteristics of their parents and immediate

households. However, because rural mothers are less likely to be in low income households or have low levels of education, rural babies are likely to be exposed to rather different patterns of parental behaviour and advantage. Lower rates of smoking and higher rates of breastfeeding and of having many books for babies at home are some examples of this.

CHAPTER FOUR CHILD FRIENDLY AREAS?

Introduction

4.1 Perceptions of the extent to which areas are 'child friendly' were explored in the 2005 Scottish Social Attitudes survey, which asked women aged 18-45 and men aged 18-49 how good or bad they thought the area they lived in was as a place to bring up children. There was a clear tendency for people in rural areas to view their area as more 'child friendly' in this respect – 93% of those in remote rural areas and 92% in accessible rural areas rated their area as 'very' or 'quite good', compared with just 58% in large urban and 78% in other urban areas who said the same.

4.2 There are a wide range of factors that might contribute to whether or not an area is seen as 'child friendly'. Many of these are not easily measurable - for example, an attitude of friendliness towards children among adults in the wider locality is not something that GUS is able to measure directly, since at sweep 1 we only interview the child's main carer. However, it is possible to use GUS data to explore whether or not children have regular access to key people (other than their main carer) who typically play an important role in contributing to well-being in children's lives, as well as exploring the availability of informal help and support (from family, friends and neighbours) for families with small children in different types of areas.

Access to grandparents

It is already clear that a larger proportion of rural children than urban children have daily access to a sibling, since more are second babies, as well as a larger majority having access to both a mother and a father. On the other hand, fewer children in remote rural areas have a grandparent living nearby – for example, 74% of babies in remote rural areas have at least one grandparent living within a 20-30 minute drive, compared with 84% of babies in large urban areas (Table 19).

Table 19 Percentage of children with at least one grandparent within a 20-30 minute drive by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Grandparent nearby	84	88	90	88	81	74
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Grandparent nearby	86	88	89	89	80	69
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

4.3 Regardless of geographical distance the overwhelming majority of children in GUS were described having a close or very close relationship with at least one grandparent (Table 20), although this was slightly lower in remote rural areas (86% compared with 93% in other urban areas among the birth cohort).

Table 20 Percentage of children reported as having a close or very close relationship with at least one grandparent by urban-rural

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Close relationship with a grandparent	91	93	91	91	91	86
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Close relationship with a grandparent	94	95	94	94	96	91
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

4.4 A high proportion of mothers of babies in Scotland, 66% overall, sometimes use grandparents as a source of childcare. As we discuss in the next section, this is just as common in rural as urban areas, despite the larger minority of babies in remote rural areas with no grandparent living nearby.

Access to informal support and advice

4.5 An absence of grandparents living nearby does not necessarily mean that mothers in remote rural areas lack any informal sources of support if a situation arises meaning that they need somebody to look after their child. When parents were asked whether they would find it easy or difficult to leave their child with somebody for a

few hours, for a day, or overnight, mothers in rural and remote areas were not significantly different in their pattern of answers. For example, 42% of mothers from remote rural areas would *not* find it easy to leave their baby with somebody over night compared with 40% from large urban areas.

4.6 These questions were followed up by asking who would be called on first if such help were needed. While kin are the first choice for the majority across all areas, friends and neighbours were more likely to be called on first in rural areas (13% in accessible and 18% in remote rural areas, compared with 9% in large urban areas – Table 21). It seems likely that these are families for whom kin are not locally available.

Table 21 Who mothers or main carers would call on first when needing help

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Ex-partner	3	2	4	1	1	1
	Kin	84	86	83	86	82	77
	Friend/neighbour	9	9	11	12	13	18
	Child minder	1	2	1	1	2	2
	Other	3	1	1	1	1	2
	Weighted Base	*2028*	*1640*	*488*	*145*	*656*	*214*
	Unweighted Base	*1954*	*1614*	*496*	*155*	*713*	*240*
Child cohort	Ex-partner	5	3	3	5	2	1
	Kin	82	83	86	78	78	73
	Friend/neighbour	9	11	7	10	16	18
	Child minder	2	1	2	4	2	7
	Other	3	2	2	4	2	2
	Weighted Base	*1033*	*894*	*307*	*83*	*390*	*126*
	Unweighted Base	*979*	*880*	*315*	*90*	*427*	*144*

Note: This question was not asked of those respondents who said they would not leave their child with someone else in the circumstances covered.

4.7 Other GUS data suggests that mothers in rural areas are not disadvantaged in terms of their ability to draw on their informal networks for advice. For example, and reflecting the high levels of education in rural areas, rural mothers are if anything slightly *more*, not less, likely than urban mothers to have friends or family with medical knowledge or training whom they could ask for advice (Table 22). This was particularly true of the toddler cohort.

Table 22 Percentage of respondents/main carers who has any friends or family with medical knowledge or training from whom they would feel comfortable asking for advice

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Friends/family with medical training	46	44	41	50	52	52
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Friends/family with medical training	47	45	38	42	49	58
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Contact with other children

4.8 The final set of measures scrutinised in this section concerns babies and toddler's contacts with other children. It is clear that babies and toddlers in rural and remote areas are not at all disadvantaged in this respect (Table 23). Indeed, given that 70% of toddlers in remote rural areas compared with just 60% of children in large urban areas are taken to visit friends with other young children at least weekly, children in remote areas may be more likely to have 'child-rich' environments (meaning environments where they have a high level of contact with other children) than babies and toddlers in urban areas.

Table 23 Frequency of toddlers being taken to visit friends with young children

	Area Urban Rural Classification					
	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
Frequency	%	%	%	%	%	%
At least weekly	60	64	58	66	65	70
Fortnightly	17	14	17	17	15	15
From Monthly to yearly or less	14	13	16	9	13	8
Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

4.9 Another very common way for very young infants to interact with each other is through a mother and toddler group. Mothers from remote rural areas and remote small towns were much more likely than those in large and other urban areas to have regularly attended such groups in the last year - 67% of mothers of in remote rural areas had regularly taken their toddler to such a group, almost double the 36% of mothers in large urban areas who had done so (Table 24). It is possible that there are

more such groups in rural areas because of the relative lack of more formal childcare (discussed further in Chapter Five).

Table 24 Percentage who have regularly attended a mother toddler group in the last year

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Attended mother and toddler group	35	35	42	57	51	61
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Attended mother and toddler group	36	42	37	70	53	67
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

Conclusion

4.10 Overall, the GUS data so far do not suggest dramatic differences in the experiences of children in terms of the child friendliness of urban versus rural environments. There are some differences in the support on which mothers can draw on in children's care and therefore also, perhaps, of the amount of contact children have with adults other than their parents. However, the differences are not dramatic. Similarly, in remote rural areas a higher proportion of children may lack regular face-to-face access to grandparents. At the same time, it is important not to exaggerate this difference since the majority of young children in all areas still do have a grandparent living nearby. On the other hand children in remote areas are more likely to be taken to a mother and toddler's group and to visit friends with young children, and thus may possibly have relatively more contact with other children than their urban counterparts.

CHAPTER FIVE SERVICE USE

Introduction

5.1 Analysis of service use among families with young children presented in the overview report on sweep 1 (Anderson, Bradshaw *et al*, 2007) showed some stark socio-demographic differences which may have implications for children's health and wellbeing. For example, there were differences in take-up of ante-natal services by family type, household income and maternal age (*Ibid*., pp37-39). The report also showed differences in the sources that different parents use for information or advice about pregnancy, child health and child behaviour. For example, use of the internet for information during the pregnancy was much more common among older mothers than younger mothers (*Ibid*., p41). Many of these differences persist within urban and rural areas. However, in order to more fully inform the planning, targeting and marketing of services for mothers and young families, it seems important to establish whether, after controlling for differences in family circumstances by area, there are any genuine urban/rural differences in up-take of services and use of advice. Much of the more detailed analysis of service use that follows focuses on the birth cohort because of its bigger sample size.

Ante-natal classes

5.2 Ante-natal classes are an opportunity for first time mothers to get access to expert information and advice about pregnancy and birth. The percentage of first-time mothers who do not attend any ante-natal classes is highest, at 39%, in remote small towns and lowest in accessible rural areas (17% - Table 25).

Table 25 Percentage of first-time mothers in the birth cohort who did not attend any ante-natal classes by urban-rural

	Area Urban Rural Classification					
	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
All first-time mothers	31	34	18	39	17	26
Weighted Bases	*1070*	*841*	*248*	*64*	*298*	*92*
Unweighted Bases	*1012*	*815*	*248*	*67*	*312*	*104*

5.3 Mothers who did not attend ante-natal classes were asked about their reasons for not attending. A higher proportion of mothers in rural areas and remote small towns said 'there were no classes available' (13% in rural areas – accessible and remote combined - compared with 3% in large urban). In addition, travel problems were more often cited in rural areas and particularly remote rural areas, despite the high levels of car ownership seen in the first section of this paper. Fourteen per cent of first-time mothers in rural areas cited travel problems as a reason for not attending, in comparison to 4% of their equivalents in large urban areas. This may suggest that household cars were not necessarily available to mothers in rural areas at the time of ante-natal classes.

Table 26 Reasons for non-attendance given by first-time mothers in the birth cohort who did not attend any ante-natal classes by urban-rural

	Area Urban Rural Classification			
	Large urban	Other urban	Small accessible and remote towns	Accessible and remote rural
Reason for non-attendance	%	%	%	%
For 'other reasons' not those listed	37	27	31	31
Nothing more needed/wanted to know	20	20	19	17
Do not like classes/groups	19	26	23	18
Didn't know there were any classes/groups	11	7	7	5
Travel problems	4	4	6	14
No classes available	3	2	5	13
Any one of the three access problems above	18	13	16	32
Weighted Bases	*324*	*278*	*70*	*72*
Unweighted Bases	*288*	*254*	*69*	*73*

5.4 The final row of Table 26 shows first-time mothers who cited at least one access problem – lack of knowledge/awareness of classes, no classes available, or travel problems - as their reason for non-attendance at ante-natal classes. Thirty-two per cent of rural mothers who did not attend ante-natal classes cited at least one of these three reasons, compared with 18% in large urban areas. Thus although rural first-time mothers were no less likely than mothers in urban areas to attend ante-natal classes overall, it is clear that access is a distinct problem for the minority of rural mothers who are not able to attend. Access problems were not significantly higher among mothers in small remote towns compared with urban areas, suggesting that the higher level of non-attendance in small remote towns is not explained by such issues.

Information and advice during pregnancy

5.5 In addition to being asked about ante-natal classes, mothers were asked whether they had used any other source of help, information or advice during their pregnancy. Not surprisingly, there are some significant differences between first-time mothers and mothers who have already had a child. The latter have lower rates of consulting a wide range of sources of help and advice including friends and family. Therefore, in comparing patterns across urban-rural areas it is important to distinguish first-time and other mothers. There is very little urban-rural variation in the pattern of usage of the most common sources of help, information and advice among mothers who already have at least one child. Across all areas, over 90% had used at least one type of health professional, such as a GP, midwife or health visitor and over 50% had used family or friends for help, information or advice (Table 27).

Table 27 Percentage of mothers (birth cohort, excluding first time mothers) using different sources of help, information or advice during pregnancy by SE urban rural classification

	Area Urban Rural Classification					
	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
Health Professionals	92	91	94	98	93	94
Family or friends	57	57	55	60	59	57
Books, magazines or newspapers	35	36	34	47	42	50
Ready, Steady Baby information booklet	33	37	45	44	44	50
Other mothers	27	21	22	34	31	39
Internet	25	21	21	27	25	32
TV/Radio	8	7	9	18	9	15
Weighted Bases	*979*	*812*	*245*	*83*	*363*	*124*
Unweighted Bases	*961*	*812*	*253*	*89*	*406*	*138*

5.6 There are, however, some differences with respect to usage of other sources of advice and these are often more marked among mothers having a second or subsequent child than among first time mothers. For example, mothers in remote rural areas were the most likely to use books, magazines or newspapers, with urban-rural differences more marked among mothers who already had children than among first-time mothers. The pattern is similar with respect to use of the booklet Ready Steady Baby. In remote rural areas usage of this booklet drops from 60% among first time mothers to 50% of other mothers but in large urban areas it drops from 51% to 33%. This may suggest that urban mothers are less likely than rural mothers to continue consulting such sources after their first child.

Childcare

5.7 In terms of drawing on help with childcare, families in remote rural areas and small remote towns are less likely than families in urban areas to make regular use of any help looking after their babies – for example, just 48% of families with babies in remote rural areas compared with 61% in large urban get any help with childcare on a regular basis (Table 28). However, this difference was not apparent for toddlers. As the first section has shown, rural mothers were no less likely to be in paid employment - indeed they are just as likely to be working full-time and slightly more likely to be working part-time. Thus lower levels of use of childcare in rural areas do not appear to reflect differences in working patterns among urban and rural mothers. However, it was also shown that a much smaller proportion of rural mothers are lone parents. The option of sharing child care between two partners may therefore be more feasible for rural families if it is possible to stagger working hours.

Table 28 Percentage of respondents/main carers who get help with childcare on a regular basis from any of a list of the main formal and informal sources of help

		Area Urban Rural Classification					
		Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
		%	%	%	%	%	%
Birth cohort	Respondents using childcare	61	61	61	43	57	48
	Weighted Bases	*2048*	*1653*	*493*	*147*	*661*	*215*
	Unweighted Bases	*1973*	*1627*	*501*	*156*	*718*	*242*
Child cohort	Respondents using childcare	75	75	74	81	81	73
	Weighted Bases	*1047*	*900*	*307*	*83*	*394*	*126*
	Unweighted Bases	*991*	*885*	*316*	*90*	*431*	*145*

5.8 Among those families who do not use childcare for their baby on a regular basis, lack of access to services is not the main issue for many families in Scotland – rather, preferring to look after their baby themselves or not needing to be away from them are the main reasons cited. The pattern of answers is broadly similar across urban-rural areas (Table 29). However, in remote small towns a higher proportion of mothers say 'I'd rather look after him/her myself' (84%, compared with 66% in large urban areas and 67% in remote rural areas).

Table 29 Percentage of mothers/main carers, birth cohort, who do not get help with childcare on a regular basis giving various reasons for not using childcare

	Area Urban Rural Classification					
Reason for not using childcare	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
I would rather look after him/her myself	66	64	66	84	70	67
I rarely need to be away from her/him	41	51	54	46	48	56
I cannot afford childcare	17	18	14	5	13	17
No providers I trust or concerns re. quality or past bad experience	3	3	2	6	3	6
Transport difficulties	2	2	5		2	4
Child needs special care	1	1	3	1	1	1
Other reasons	8	7	6	9	6	7
Weighted Bases	*790*	*644*	*191*	*83*	*287*	*112*
Unweighted Bases	*751*	*626*	*193*	*88*	*311*	*125*

5.9 When parents do use childcare - and the majority of parents of toddlers do across all areas - the pattern of use of formal services (but not informal care) was rather different in rural and urban areas. In the birth cohort, parents in rural areas and remote small towns were more likely than parents in large urban areas to use childminders (16% in remote rural areas, compared with 7% in large urban areas),

while those in large urban areas were the most likely to use nursery or crèche provision (35%, compared with 20% in remote rural areas and just 10% in small remote towns – Table 30).

Table 30 Percentage of families in the birth cohort who are using childcare, who currently use various types of childcare

	Area Urban Rural Classification					
Type of childcare	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
Grandparents	63	67	72	64	66	67
Other informal carers	19	19	22	36	18	20
Nursery or crèche	35	24	17	10	25	20
Childminder	7	12	13	16	16	16
Playgroup	2	2	2	1	1	4
Weighted bases	*1258*	*1009*	*302*	*63*	*374*	*104*
Unweighted bases	*1221*	*1001*	*308*	*68*	*407*	*117*

5.10 Among the child cohort, those in remote rural areas and remote small towns were significantly *more* like to use playgroups - 39% of parents from remote rural areas and 34% from remote small towns make use of this provision, compared with 12% in large urban areas (Table 31). Those in remote areas were also *more* likely to use childminders but again were *less* likely to use nurseries or crèches. These differences reflect established variations in provision by area – rural areas tend to have more playgroups and childminders and fewer nurseries because of financial difficulties in sustaining nurseries in sparsely populated areas.

Table 31 Percentage of families in the child cohort who are using childcare who currently use various types of childcare

	Area Urban Rural Classification					
Type of childcare	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
Grandparents	49	51	58	49	46	39
Other informal carers	17	17	15	13	12	12
Nursery or crèche	50	42	30	25	49	23
Childminder	6	9	16	22	12	25
Playgroup	12	19	25	34	26	39
Weighted bases	*787*	*670*	*228*	*68*	*319*	*92*
Unweighted bases	*751*	*664*	*235*	*73*	*349*	*105*

5.11 Across urban and rural areas, the most commonly cited reason for using child-care is to enable the child's mother to work in paid employment. However, respondents could choose up to three reasons for using their main provider, and child-centred reasons for using childcare were also commonly cited, particularly by respondents in the child cohort. Respondents in rural areas and remote small towns were particularly likely to cite a child's educational development as a reason for using childcare – 50% of respondents in remote rural areas compared with 35% in large urban areas mentioned this as a motive (Table 32). Mothers in remote rural areas are

also particularly likely to say they use childcare so the child can take part in a leisure activity, which may support the suggestion that mothers in remote locations are more likely to make particular efforts to ensure that their children have particular sorts of experiences.

Table 32 Percentage of mothers/carers citing child-centred reasons for use of childcare (mothers who use childcare)

	Area Urban Rural Classification					
Reason for use of childcare	Large urban	Other urban	Small, accessible towns	Small remote towns	Accessible rural	Remote rural
	%	%	%	%	%	%
For child's educational development	35	36	35	46	43	50
Because child likes spending time there	32	40	43	33	36	43
So that child can take part in a leisure activity	15	17	17	27	19	30
Weighted bases	*787*	*670*	*228*	*68*	*319*	*92*
Unweighted bases	*751*	*664*	*235*	*73*	*349*	*105*

Awareness of government initiatives

5.12 The overview report (Anderson, Bradshaw, *et al*, 2007) found some evidence that parents in rural areas had higher awareness of key government supported initiatives aimed at children and families. For example, mothers in remote rural areas were almost twice as likely as mothers in large urban areas to have heard of Sure Start (48% compared with 28%). This may reflect differences in levels of education between mothers in urban and rural areas, but may also indicate the higher visibility of funding streams for services in rural areas.

CHAPTER SIX CONCLUSION

6.1 Our analysis highlights many similarities between contemporary family life in urban and rural areas. Mothers in rural areas are just as likely to be in paid employment as mothers in urban areas. Moreover, the range of circumstances in which children live (in terms of family structure, income, etc.) varies within *both* urban and rural areas. Nevertheless, the findings suggest some important differences in how typical particular circumstances are for rural and urban children, with children in rural areas somewhat more likely to live in favourable socio-economic circumstances than their urban counterparts. Fewer children in rural Scotland are growing up in households in which no parent is working. While over a third of children in large urban areas live in very low income households this is true for just one in five children in rural areas. Moreover, rural mothers are less likely to have been teenage mothers and are less likely to be lone parents (both factors commonly associated with socio-economic disadvantage) than urban mothers. Rural mothers are also less likely to have no qualifications than their urban counterparts. There are also some differences in how typical particular circumstances are between *accessible* and *remote* rural areas. For example, accessible rural areas have the highest proportion of children living in very affluent households while remote rural areas have the lowest.

6.2 Measures of health and well-being do not generally suggest that rural or small town environments are associated with healthier children or children advantaged in their early development. Mothers in rural areas are no less likely to report that their child suffers from a long lasting health problem or disability than mothers in urban areas. On the other hand, more rural children have non-smoking mothers and are, or have been, breastfed, and fewer rural babies watch television. But at least some of this variation is explained by differences in maternal education, income and age rather than the rural environment as such.

6.3 Assuming the attention of grandparents enriches children's lives, a larger proportion of children in rural areas, and particularly remote rural areas, are disadvantaged by the absence of a grandparent living locally. On the other hand, they may have more contact with parents' friends. Greater frequency of visiting friends with children and of attendance at mother and toddler groups suggest that children in rural areas may have lives that are at least as 'child rich' as children in urban areas.

6.4 There are some interesting differences between urban and rural areas in use of services and advice, not all of which can be easily explained at this stage in the GUS study. Children in remote small towns stand out as the *least* likely to have had general health problems involving the NHS but the *most* likely to have accidents for which a parent sought medical attention. Mothers in disadvantaged circumstances are generally less likely to attend ante-natal classes, but lack of access to ante-natal classes is a particular issue in rural areas and has some impact across mothers of all socio-economic circumstances. Again, there also seem to be particular issues around remote small towns where attendance at ante-natal classes is low. More mothers in rural areas than in urban areas used written and electronic sources of help and advice concerning pregnancy.

6.5 Use of childcare reflects the different mix of service providers available in urban and rural areas, with lower use of nurseries and crèches and a higher use of playgroups and childminders in rural Scotland. There is some evidence that mothers of babies in remote rural areas are more likely to use childcare for a wider range of reasons than simply allowing them to work – for example, mothers of toddlers in remote rural areas may use child care as one means of ensuring their children have social time with other children.

6.6 In summary then, while babies and children across all areas live in different types of families and experience different socio-economic circumstances, sweep 1 of GUS suggests that children in rural areas are somewhat more likely to live in favourable socio-economic circumstances than their urban counterparts. This is associated with greater exposure to positive parental behaviours such as breastfeeding among rural babies. However, in many other respects the early experiences of children in urban and rural areas in terms of service use, health problems and contact with significant others are not very different. Moreover, other evidence suggests that families in rural areas may be relatively *disadvantaged* in terms of easy access to ante natal classes and having grandparents living nearby, for example.

6.7 This report is just a beginning in terms of building up a richer picture of similarities and differences in the experiences of children and their families in urban and rural Scotland. As future sweeps of GUS become available, we will be able to track the experiences of children living in different areas of Scotland, exploring in more detail differences in their development and well-being to help tailor services and policies for children living across the whole of Scotland.

REFERENCES

Anderson S., Bradshaw P., et al. (2007). *Growing Up In Scotland: A study following the lives of Scotland's children.* Edinburgh: Scottish Executive.

Hinds, K. and Park A. (2001). *Parents' Demand for Childcare: A report for the Scottish Executive*. National Centre for Social Research.

NFO Social Research and DTZ Pieda Consulting (2004). *Parents' Access to and Demand for Childcare in Scotland.* Edinburgh: Scottish Executive. http://www.scotland.gov.uk/Publications/2004/06/19541/39289

Oates, B (2006). *Remote and rural paediatric project: Child health services in remote and rural Scotland*. Edinburgh: Scottish Executive.

National Statistics Publication (2001). *Scottish Settlements Urban and Rural Areas in Scotland*. http://www.gro-scotland.gov.uk/statistics/geography/scosett/index.html

Registrar General Scotland (2003). *Social Focus on Urban Rural Scotland.* http://www.scotland.gov.uk/Publications/2003/05/17207/22176

Parr, H, Philo, C (2003), 'Rural mental health and social geographies of caring'. *Social and Cultural Geography,* Vol. 4, No. 4, pp. 283-293.

Scottish Executive (2006). *Scottish Executive Urban Rural Classification 2005 – 2006*. http://www.scotland.gov.uk/Publications/2006/07/31114822/0

Condon, J.T. & Corkindale, C.J. (1998), 'The assessment of parent-to-infant attachment: development of a self-report questionnaire instrument'. *Journal of Reproductive and Infant Psychology*, Vol. 16, pp. 57-76.

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